

For official use only:

Customer Name

Customer No.

PD F 1455 E
Department of the Treasury
Bureau of the Public Debt
(Revised July 2006)

**REQUEST BY FIDUCIARY FOR DISTRIBUTION OF
UNITED STATES TREASURY SECURITIES**

OMB No. 1535-0012

Visit us on the Web at www.treasurydirect.gov

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

One or more fiduciaries (individual or corporate) must use this form to establish entitlement and request distribution of United States Treasury Securities and/or related payments to the person lawfully entitled (e.g., termination of trust, distribution of an estate, attainment of majority, restoration to competency).

PART A – REASON FOR DISTRIBUTION

I/We request distribution of the securities and/or related payments for the following reason:

☐ Termination of trust

☐ Distribution of an estate

☐ Attainment of majority

☐ Restoration to competency

☐ Other: _____

PART B – DISTRIBUTION OF SECURITIES AND PAYMENTS

I/We request that the securities and/or related payments be distributed as follows:

1. Distribute to: _____
(Name)

(Social Security Number) OR _____
(Employer Identification Number)

(Address and Telephone Number)

2. Description of securities and/or related payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution: ☐ In full
☐ _____ (Amount, Fractional Share, or Percentage)

PART B – DISTRIBUTION OF SECURITIES AND PAYMENTS *(Continued)*

I/We request that the securities and/or related payments be distributed as follows:

1. Distribute to: _____
(Name)_____
(Social Security Number) **OR** _____
(Employer Identification Number)

(Address and Telephone Number)

2. Description of securities and/or related payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution: ☐ In full
☐ _____ (Amount, Fractional Share, or Percentage)

I/We request that the securities and/or related payments be distributed as follows:

1. Distribute to: _____
(Name)_____
(Social Security Number) **OR** _____
(Employer Identification Number)

(Address and Telephone Number)

2. Description of securities and/or related payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution: ☐ In full
☐ _____ (Amount, Fractional Share, or Percentage)

PART C - SIGNATURES AND CERTIFICATIONS

I/We certify under penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge and belief and agree to distribution of the securities as indicated in Part B. I/We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the securities or payments.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: ⇒

(Applicant's Signature)

(Applicant's Title)

(Number and Street, Rural Route, or PO Box)

(City)

(State)

(ZIP Code)

(Daytime Telephone Number)

(E-Mail Address)

Sign Here: ⇒

(Applicant's Signature)

(Applicant's Title)

(Number and Street, Rural Route, or PO Box)

(City)

(State)

(ZIP Code)

(Daytime Telephone Number)

(E-Mail Address)

Certifying Officer - The individuals must sign in your presence. You must complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____, _____, _____,
(Month) (Year)
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____, _____, _____,
(Month) (Year)
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

INSTRUCTIONS

USE OF FORM – One or more fiduciaries (individual or corporate) must use this form to establish entitlement and request distribution of United States Treasury Securities and/or related payments to the person lawfully entitled (e.g., termination of trust, distribution of an estate, attainment of majority, restoration to competency).

If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form.

PART A – REASON FOR DISTRIBUTION

Mark the box to show the reason for the distribution. If you mark "Other," describe the reason.

Submit a copy of all evidence that establishes your authority to request this transaction. For example, if you are the administrator or executor of an estate, provide a certified copy of your letters of appointment, dated within one year of submission. Submit certified copies of death certificates for all deceased registrants.

PART B – DISTRIBUTION OF SECURITIES AND PAYMENTS

Complete Items 1 through 3.

1. Enter the name of only one distributee in each Part B, Item 1. (A separate Part B must be completed for each distributee.) Enter the appropriate social security number or employer identification number.
2. Describe only the securities and/or checks which the person shown in Item 1 is to receive, in whole or in part:
 - **TITLE OF SECURITY** – Identify each security by series, interest rate, type, CUSIP, call and maturity date, as appropriate. If describing a check, insert the word "check."
 - **ISSUE DATE** – Provide the issue date of each security or check.
 - **FACE AMOUNT** – Provide the face amount (par or denomination) of each security or check.
 - **IDENTIFYING NUMBER** (if applicable) – Provide the serial number of each security, the confirmation number, or the check number.
 - **REGISTRATION** – Provide the registration of each security, check, or account; also provide the account number, if any.

EXAMPLES:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
<i>Paper Marketable Security</i> 9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1	5/15/79	\$5,000	Serial # 123	JOHN DOE AND JANE DOE SSN 222-22-2222
<i>Electronic Marketable Security</i> CUSIP 912795QW4	2/5/04	\$1,000		ACCT # 4800-123-1234 JOHN DOE SSN 222-22-2222
<i>Electronic Series I Savings Bond</i> SERIES I	1/1/02	\$100	Confirmation # 12345	ACCT # N-111-11-1111 JOHN DOE
<i>Paper Series EE Savings Bond</i> SERIES EE	7/99	\$100	Serial # C-123,456,789-EE	SSN 222-22-2222 JOHN DOE OR JANE DOE
<i>Check</i> CHECK	7/26/04	\$351.02	Check # 502123456	JOHN DOE

⇒ If unsure what to provide in each of the areas, furnish all identifying information in the space for REGISTRATION.

3. Mark the box "In full" if the person listed in Item 1 is to receive the entire value of the securities and/or checks described in Item 2; **or** if the person listed in Item 1 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or percentage he/she is to receive.

Part B continued next page

PART B – DISTRIBUTION OF SECURITIES AND PAYMENTS (Continued)

In most cases, we will need additional forms and/or information from the distributee. If so, we may contact the distributee directly. If the transaction can be processed without additional forms or information from the distributee, we will send the securities and/or payments directly to the distributee.

Note: If the distributee wants payment of eligible paper securities and the securities are:

- Savings bonds or notes, he/she must complete the request on the reverse of the bond.
- Marketable securities, the fiduciary must complete the assignment on the reverse of the security. The distributee must complete IRS Form W-9.

Any interest that is or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.

PART C – SIGNATURES AND CERTIFICATIONS

SIGNATURES – The application must be signed in ink. Sign the form in your fiduciary capacity. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions.

ADDITIONAL EVIDENCE – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence.

RETURN OF EVIDENCE – If you want the evidence submitted with this form returned to you, please provide a written request when you submit the form and evidence.

WHERE TO SEND – Unless otherwise instructed in accompanying correspondence, send to the Department of the Treasury, Bureau of the Public Debt, using the address listed below:

- Definitive (paper) savings bonds – PO Box 7012, Parkersburg, WV 26106-7012
- All marketable securities– PO Box 426, Parkersburg, WV 26106-0426

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address; send to the correct address shown in "WHERE TO SEND" in the instructions.**